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			<u> </u>	* AUGUST	r 18,	20 <u>0)9</u>	(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		DOCKET NO.	CONFIRMATION NO.
09/460,920	12/14/1999		BETH ANNE PIPER	ER LA0046A)046A	3115
TITLE OF INVENTION: METHOD FOR TREATING DIABETES							
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<u> </u>			1	I TOTAL DATE 100TE	T mov	TAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE			\$1510	09/02/2009
nonprovisional	МО	\$1510	\$0	\$1400 ¬		\$1310	(3) 02/ 2007
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
KWON, BRIAN YONG S		1614	514-291000		*************		
1. Change of corresponder CFR 1.363). Change of corresponder CFR 1.363.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Change of correspondence address (or Change of Corresp Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication fo PTO/SB/47; Rev 03-02 or more recent) attached. Use of a C Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Bristol-Myers Squibb Company Princeton, New Jersey							
Ree1/Frame: 010463/0160 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual							
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🔀 Issue Fee 🖳 A check is enclosed.							
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Typed or printed name	·	Rodney (<u>/</u>			22,076	
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